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For I Know the Plans I Have for You: God Locus of Control, Spiritual Change, and Death Anxiety in Primary Brain Tumor Patients

Kelci D. Willis
Virginia Commonwealth University

Julia Brechbiel

Rachel Boutte

See next page for additional authors

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Authors

Kelci D. Willis, Julia Brechbiel, Rachel Boutte, Laurel Kovalchick, Kyra Parker, Audrey Ann Louis Villanueva, and Ashlee R. Loughan

BACKGROUND

- Primary brain tumor (PBT) patients face unique challenges such as limited treatment options, probable functional impairments, certain tumor progression, and shortened life expectancy
- Over 80% of PBT patients endorse experiencing at least one aspect of death-related distress
- Individuals with advanced cancer often use religiosity or spirituality to cope with the experience of illness
- Religiosity/ spirituality may be a protective factor for death-related distress in oncology, though there have been heterogenous findings on the relationship between these variables
- No study to date has considered the relationship between religiosity/ spirituality and death anxiety in PBT patients

STUDY AIM

To explore the prevalence of and relationship between religiosity/ spirituality and death-related distress in PBT patients using multiple assessments tools

METHODS

PROCEDURE

- Participants diagnosed with PBT received information on this study and provided consent at a routine clinic visits
- Participants completed a short battery of questionnaires that assessed quality of life, including measures of religiosity/ spirituality and death-related distress
- Information on patient demographics, diagnosis, and treatment was obtained from the patients' medical records

PARTICIPANTS

- A total of **56 participants** with a PBT completed the study
- The mean age was **49.38 years** (SD = 15.07; range = 20-87)
- Average time since diagnosis was **55.34 months** (SD = 67.37; range = 2-256)

DATA ANALYTIC PLAN

Using IBM SPSS Version 26:

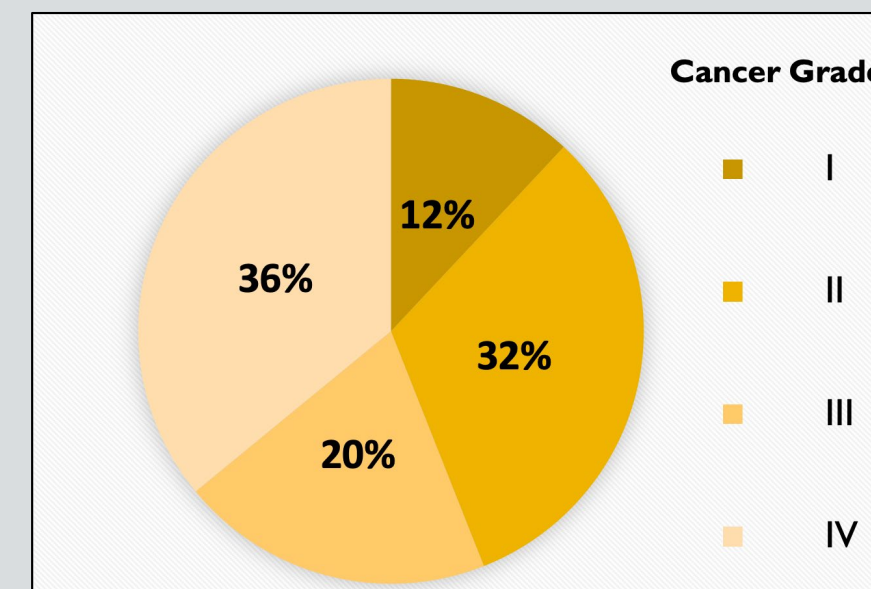
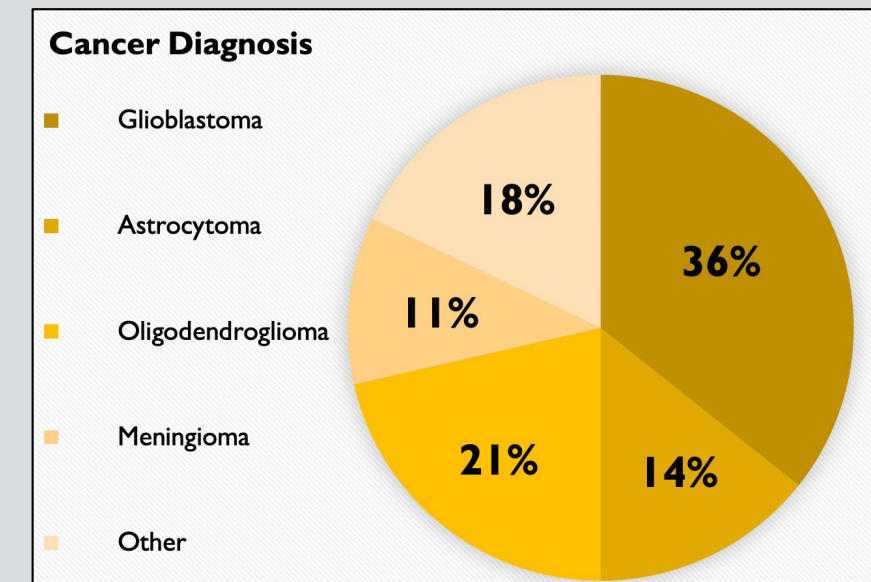
- Analyzed sample means, standard deviations, and prevalence rates using descriptive statistics and frequencies
- Explored the relationship between religiosity/spirituality and death-related distress using Pearson correlations

Kelcie D. Willis, M.S., Julia Brechbiel, M.S., Rachel Boutte, M.S., Laurel Kovalchick, B.S., Kyra Parker, Audrey Ann Lois Villanueva, B.S., Ashlee R Loughan, Ph.D.

Virginia Commonwealth University School of Medicine, Massey Cancer Center, Division of Neuro-Oncology

RESULTS

DEMOGRAPHICS		
VARIABLE	N	(%)
Gender		
Male	27	(48.2)
Female	29	(51.8)
Race/ Ethnicity		
White/ Caucasian	40	(71.4)
Black/ African American	15	(26.8)
Other	1	(1.8)
KPS Score		
0-40	1	(1.8)
50-70	10	(17.9)
80-100	33	(58.8)
Unknown	12	(21.4)



DESCRIPTIVES

VARIABLE	N	MEAN (SD)	PREVALENCE
God Locus of Control	53	20.87 (9.47)	38% moderate-high
Spiritual Change	52	4.21 (3.63)	46% moderate-high
DDS Death Anxiety	46	22.65 (4.87)	85% moderate-severe
DDS Death Depression	45	12.40 (7.83)	16% moderate-severe
DDS Death Obsession	43	12.14 (7.36)	14% moderate-severe
DADDS	45	22.07 (20.91)	18% moderate-severe

CORRELATIONS

VARIABLE	1	2	3	4	5	6
1. God Locus of Control	–					
2. Spiritual Change	.56**	–				
3. DDS Death Anxiety	-.05	.13	–			
4. DDS Death Depression	-.03	.39**	.48**	–		
5. DDS Death Obsession	.02	.49**	.49**	.78**	–	
6. DADDS	.15	.56**	.42**	.65**	.82**	–

Note: All correlations are Pearson's r. **indicates significance at the .01 level (2-tailed)

MEASURES

RELIGIOSITY/ SPIRITUALITY:

God Locus of Health Control Scale

Six items, six-point Likert scale
1 = Strongly Disagree; 6 = Strongly Agree

"Whether or not my brain tumor improves is up to God."

Higher scores indicate a greater belief that God exercises control over the disease

DEATH-RELATED DISTRESS:

Death and Dying Distress Scale

15 items, six-point Likert scale
1 = Strongly Disagree; 6 = Strongly Agree

"My own death and dying."

Higher scores indicate greater death-related anxiety; created for advanced cancer patients/ palliative care

Posttraumatic Growth Inventory

Two items assess "Spiritual Change"
0 = I did not experience this change; 6 = I experienced this change to a great degree

"I have a better understanding of spiritual matters."

Higher scores indicate greater spiritual change as a result of a brain tumor

Death Distress Scale

24 items, six-point Likert scale
0 = No distress; 5 = Extreme Distress
Three subscales: *Death Anxiety, Death Depression, and Death Obsession*

"The idea that I will die dominates me."

Higher scores indicate a greater death-related distress

DISCUSSION

- Both religiosity/ spirituality and death-related distress were highly prevalent in this sample, especially *Death Anxiety*
- Findings reveal that *God Locus of Control* was not significantly related to either measure of death-related distress (i.e., DADDS or DDS subscales)
- However, *Spiritual Change*, as measured by the PTGI, was positively correlated to both measures of death-related distress
 - Spiritual Change* was related to *Death Depression* and *Death Obsession*, but not *Death Anxiety*; perhaps due to the high prevalence of *Death Anxiety*
- The results support **Terror Management Theory**: PBT patients may experience spiritual change when confronted with death-related concerns
 - Spirituality**, in this way, may be an important source of coping for PBT patients and, thus, should be a key aspect of treatment (e.g., CALM therapy)
- Longitudinal measurement of death anxiety and spiritual change in advanced cancer patients is warranted

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